\$	EPA Notificat	ion of	Hazardou	s Waste Si		United States Environmental Protection Aggacy
٠	TXS-000 0	01.089	000410		R E G E II	Washinglan DC 20460
	This initial notification information required by Section 103(c) of the hensive Environmental Responsation, and Liability Act of 198 be mailed by June 9, 1981.	ation is ne Compre- se, Compen-	additional space, us	t in ink. If you need se separate sheets of letter of the item	JUN 1.0 19	)81
	be maned by barie 3, 1361.				6AEF	
_	Dance Descind to Natific	<del></del>				
Α	Person Required to Notify:	the messes	Name INITE	I STATES	GUDSUM C	OMDANY
	Enter the name and address of or organization required to noti		1011	OUTH WARK	77 -77	
					-	1.101
			City CHICA	466	State Zz.	Zip Code 60606
B	Site Location: TXD 00 735 4342 Enter the common name (if known) and		7-/-		- Company	and the same of
			Name of Site	ITED STAT	ES CALPS	<u>UNI-CAPITANY</u>
	actual location of the site.		Street HAR	LOV AVE	. TXD00735	9392
	447	5500	City CORSILA	VA County NAVA	ODA SING TV	Zip Code
$\overline{\mathbf{c}}$	Person to Contact:	NEC	CHY COROL CAP	dounty your	A/CB State / A	
C		hia) and	Name (Last, First and Tit	ie) MAV F.	P. MIR EN	VIRONMENTAL TECH
	Enter the name, title (if applicable), and business telephone number of the person to contact regarding information and submitted on this form.		Phone (3/2)	321-3769	· -	
_	D-4 (34/ 4 11 11'				· · · · · · · · · · · · · · · · · · ·	<del></del>
D	Dates of Waste Handling:					
	Enter the years that you estima treatment, storage, or disposal l ended at the site.		From (Year)	OF HOTEER)	975	
					Q	419729
E	Waste Type: Choose the opt	ion you pre	efer to complete J	JN 8 1981 -		H HILL 1814 1814 1814 1814 181 1811
Waste Type: Choose the option you prefer to complete JUN SOLID WASTE SOLID WAS						
	you do not know the general waste- encouraged to describe the site	ete types or	COURCES VOU PER	40A-Dacource Conton	vation and Recovery Ac	t (RCRA) Section 3001
	General Type of Waste: Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.	Source o Place an boxes.	f Waste: X in the appropriate	listed in the regul appropriate four-of the list of hazardo	d a four-digit number to lations under Section 3 digit number in the box ous wastes and codes o	each hazardous waste 001 of RCRA. Enter the es provided. A copy of an be obtained by tate in which the site is
	1. ☐ Organics	1. 🗆 Mir	ning	located.		
	2. □ Inorganics		nstruction	TICON	<u></u>	
	3.  Solvents	3. □ Tex	tiles	TIOOS		
	4. Pesticides	4. 🗆 Fer				
	5. M Heavy metals	•	per/Printing			
	6. □ Acids		ther Tanning			
	7. Bases		n/Steel Foundry			
	8. PCBs		emical, General			
	9. Mixed Municipal Waste		ting/Polishing			
	10. Unknown		itary/Ammunition		<u> </u>	
	11. ☐ Other (Specify)	11. □ Ele 12. □ Tra	ctrical Conductors			
			lity Companies		TITLES	
			nitary/Refuse		× × //	
		15. D Pho	•	187	PECEUL (V)	
		16. 🗆 Lab	· -		RECEIVED	SUPERFUND FIL
		17. D Uni	•	1 - 17	JUN 1 0 1981 -	30. 2 5
_			ner (Specify)		PEPA -	ALIC 9 A soco
•			HETURE OF		TEGOR - Las	AUG 24 1992
	Francisco de la Servicio del Servicio de la Servicio del Servicio de la Servicio del Servicio de la Servicio de la Servicio de la Servicio del Servicio de la Servicio dela Servicio de la Servicio dela Servicio dela Servicio dela Servicio de la Servicio dela Servicio	MINE	RAL FIBER	1.0/	S&A DIV.	
	Form Approved OMB No. 2000-0138					REORGANIZED
	EPA Form 8900-1				WITTER	
	2.77.00000					

	Notification of Hazardous Waste Site	Side Two					
F <sub></sub>	Waste Quantity: Prace an X in the appropriate boxes to	Facility Type	Total Facility Waste Amount				
	indicate the facility types found at the site.	□ Piles     □ Land Treatment	cubic feet (/N/KNOWN)				
	In the "total facility waste amount" space	3. A Landfill	gallons				
	give the estimated combined quantity (volume) of hazardous wastes at the site	4. D Tanks	Total Facility Area				
	using cubic feet or gallons.	5. Impoundment	square feet				
	In the "total facility area" space, give the estimated area size which the facilities	<ol> <li>6. □ Underground Injection</li> <li>7. □ Drums, Above Ground</li> </ol>	acres UNKNOWN				
	occupy using square feet or acres.	8. Drums, Below Ground	2000 6747700070				
		9. Dother (Specify)					
G	Known, Suspected or Likely Releases	Known, Suspected or Likely Releases to the Environment:					
	Place an X in the appropriate boxes to indic or likely releases of wastes to the environm	ate any known, suspected,	□ Known □ Suspected □ Likely □ None				
	Note: Items Hand I are optional. Completing hazardous waste sites. Although completing	ate and local governments in locating and assessing					
H	Sketch Map of Site Location: (Optional)						
	Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate						
	the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.						
	publishing map showing the site location.		The state of the s				
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1.	Description of Site: (Optional)	Terra de	IREA IS ON THE				
	Describe the history and present	LISPOSAL X	·				
	conditions of the site. Give directions to the site and describe any nearby wells,	NORTHERN - MOST					
	springs, lakes, or housing. Include such information as how waste was disposed	DIANT DROPERT	NOW SLONG THE				
	and where the waste came from. Provide		ORLAMIS RAILROAD				
	any other information or comments which may help describe the site conditions.	TEXASE NEW	DRAMANIS KAILKOAN				
		·	TRUE				
		(a)	PECTURE Y				
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		Id	JUN 1 0 1981 - 1				
			EPA ETI				
		िल्ने	REGION 6 S & A DIV.				
_	Cignoture and Title.		STEET STEET				
J	Signature and Title: The person or authorized representative	Name UNITED STA	TES GVISUM G. W. Owner Present				
	(such as plant managers, superintendents,	A STATE OF THE STA	,				
	trustees or attorneys) of persons required to notify must sign the form and provide a	Street 101 Jouth MA	CKER JRIVE   Owner, Past   Transporter				
	mailing address (if different than address in item A). For other persons providing	Cuano	- Onerator Present				
	notification, the signature is optional.	City (#1 CAGO Sta	Operator, Past				
	Check the boxes which best describe the relationship to the site of the person	N Hmins	Other				
	required to notify. If you are not required to notify check "Other".	Signature femily /	felenosie 6/4/8/				
	• · <del> </del>	(SENIEDA) MANAH	EN - IN. N.C. II.II.I. P. P.E. II.				